



SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES

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Home Page: doh.sd.gov/boards/midwives/

Informed Consent Form

Licensed Certified Professional Midwives (CPM) in the State of South Dakota shall follow South Dakota regulations in Title 36, Chapter 9C of the South Dakota Code. Prior to accepting a woman into care, a Licensed Certified Professional Midwife shall first obtain written informed consent per SDCL 36-9C-33.

Certified Professional Midwives (CPMs) are required to file birth reports and to follow all newborn screenings required by South Dakota law and administrative rule.

CPM Name _____ License Number _____

Address _____ City _____ State _____ Zip _____

Telephone Number (____) _____

Education and Training _____

Experience as a Midwife _____

Other relevant Experience _____

Please initial that you understand each of the following disclosures:

_____ I understand that the Certified Professional Midwife is not licensed to practice medicine or advanced practice nursing, and that I am not seeking a licensed practitioner of medicine or advanced practice nursing, such as a physician or certified nurse midwife, as the primary caregiver for my pregnancy.

_____ I understand that the Certified Professional Midwife [does / does not] have malpractice liability insurance.

_____ I have read and reviewed the attached list (Appendix A) of antepartum, intrapartum, and postpartum conditions that would require consultation, transfer of care, or transport to a hospital.

_____ I have read and reviewed the attached list (Appendix B) that details the scope of care and services that the Certified Professional Midwife can provide to me.

_____ I understand that I have the right to refuse services even if declining those services would require the Certified Professional Midwife to recuse herself/himself from providing out-of-hospital midwifery care.

_____ I understand that I will be billed for services at the following rates: [insert billing methods]

_____ I understand that in the event of a medical emergency, the Certified Professional Midwife will contact the appropriate hospital and facilitate transfer, and will travel with me via ambulance or private vehicle, whichever is most appropriate for the situation.

Closest hospital with obstetric department: Name: _____
Address: _____
Phone: _____

Closest hospital with an emergency department: Name: _____
Address: _____
Phone: _____

_____ I understand that in the event of a transport, the Certified Professional Midwife will continue to care for me and my baby until transfer of care has been completed, including the transfer of all pertinent records including allergies, medications, and obstetric risk factors.

_____ I understand that any records and/or transactions with the Certified Professional Midwife are confidential, unless required by law or subpoena.

_____ I understand that no other licensed health care provider, hospital or agent thereof is liable for an injury resulting from an act or omission by the Certified Professional Midwife, even if the health care provider has consulted or accepted a referral.

_____ I understand that there are risks associated with birth, including the risk of death or disability of either mother or child, regardless of place of birth. I understand that a situation may arise which requires emergency medical care and that it may not be possible to transport me and/or my baby to the hospital in time to benefit from such care.

_____ I understand that if I am dissatisfied with services provided by the Certified Professional Midwife, I have the right to file a complaint with the South Dakota Board of Certified Professional Midwives. The complaint form can be found at doh.sd.gov/boards/midwives along with an explanation of the complaint process.

Patient/Client Signature: _____ Date: _____

CPM's Signature: _____ Date: _____

Appendix A

Conditions Which Require Consultation, Transfer of Care or Transport to a Hospital

Care prohibited

In accord with rule 20:86:03:01, the following are conditions for which a licensed CPM **may not provide care**:

- (1) A current or unresolved previous history of any of the following disorders, diagnoses, conditions, or symptoms:
 - (a) Placental abnormality:
 - (i) Confirmed central placenta previa at term;
 - (ii) Signs indicative of placental abruption; or
 - (iii) Placenta located over previous uterine scar;
 - (b) Regular alcohol use or drug use, abuse, or dependency;
 - (c) Cardiac disease;
 - (d) Diabetes requiring medication, including gestational diabetes and Type II diabetes;
 - (e) Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless birth is imminent;
 - (f) Birth under 37 weeks or after 42 weeks gestational age;
 - (g) Current renal disease;
 - (h) Current liver disease;
 - (i) Pulmonary disease;
 - (j) Active tuberculosis;
 - (k) Severe uncontrolled asthma;
 - (l) Seizure disorder requiring medication;
 - (m) Systemic lupus or scleroderma;
 - (n) Acute or chronic hepatitis;
 - (o) Congenital defects of the reproductive organs that would interfere with the birthing process;
 - (p) Chronic/essential hypertension;
 - (q) Gestational hypertension or pre-eclampsia;
 - (r) Rh negative disease as indicated by positive titers;
 - (s) TORCH infection including toxoplasmosis, rubella, cytomegalovirus, parvovirus, and varicella and other infections including syphilis, active genital herpes, listeria, and zika during the first trimester;
 - (t) HIV positive;
 - (u) Suspected or diagnosed congenital fetal anomaly that may require immediate medical care after birth;
 - (v) Hemoglobin less than 10 at 36 weeks;
 - (w) Preterm labor: less than 37 weeks;
 - (x) Any acute infection at the time of delivery that would put the newborn at risk of becoming very sick; or
 - (y) Suspected intrauterine growth restriction;
- (2) A past history of any of the following disorders, diagnoses, conditions, or symptoms:
 - (a) More than one prior cesarean section with no history of a vaginal birth, a cesarean section within 18 months of the current delivery, or any cesarean section that was surgically closed with a classical or vertical uterine incision; or
 - (b) Rh or other blood group or platelet sensitization, hematological or coagulation disorders including thrombocytopenia (platelets less than 150,000);
- (3) Failure to obtain minimum prenatal lab work, including blood group type, RH antibody screening, hemoglobin, and syphilis around 28 weeks gestation;
- (4) Failure to document:
 - (a) Lab work for HIV and hepatitis B around 28 weeks gestation; or
 - (b) A signed HIV and Hepatitis B Informed Refusal form provided by the board;
- (5) Unwillingness to accept midwife's limitations, prohibitions, and responsibilities for safe practice;
- (6) Unresolved fearfulness regarding home birth or midwife care, or otherwise desires transfer of care; or
- (7) Any other condition which may preclude the possibility of a normal birth, at the midwife's discretion.

Physician involvement required

In accord with 20:86:03:02, a licensed CPM **may not provide care** for a client with a current history of any diagnoses, conditions, or symptoms listed in this section **unless** the disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed physician.

- (1) Gestational diabetes controlled by diet or exercise;
- (2) Cervical insufficiency;
- (3) Thyroid disease;
- (4) Epilepsy;
- (5) Hypertension;
- (6) Cardiac disease;
- (7) Pulmonary disease;
- (8) Renal disease;
- (9) Prior myomectomy in which the uterine wall was significantly disrupted or in which the operative report is unavailable to confirm the extent of the disruption or previous major surgery of the pulmonary system, cardiovascular system, reproductive system, urinary tract, genitourinary tract, or gastrointestinal tract;
- (10) Inactive hepatitis;
- (11) Unresolved vaginal or urinary tract infection;
- (12) Suspected size/dates discrepancies as defined by plus or minus 2 centimeters fundal height relational to week's gestation for two consecutive prenatal visits;
- (13) Observed maternal cardiac irregularities;
- (14) Suspected pyelonephritis;
- (15) Abnormal vaginal bleeding before onset of labor;
- (16) Suspect thromboembolism or thrombophlebitis;
- (17) Abnormal fetal heart tones detected prenatally;
- (18) Decrease or cessation of fetal movement;
- (19) Suspected or known postdates pregnancy beyond 42 weeks gestation;
- (20) Non-reactive fetal stress test (NFT) after 28 weeks;
- (21) Medically significant newborn anomaly;
- (22) Newborn cardiac irregularity;
- (23) 2 vessel cord;
- (24) Jaundice within the first 24 hours;
- (25) Failure to pass urine within the first 24 hours or failure to pass meconium within first 48 hours;
- (26) Signs of omphalitis (induration, erythema, purulent drainage) of the umbilical cord;
- (27) Unresolved bleeding in excess of normal lochia flow;
- (28) Subinvolution;
- (29) Failure of laceration to heal properly or signs of infection unresponsive to treatment;
- (30) Signs of serious postpartum depression or psychosis;
- (31) Significant hematological disorders in the mother or newborn;
- (32) Significant uterine or vaginal anomalies;
- (33) Isoimmunization with an antibody known to cause hemolytic disease in the mother or the newborn;
- (34) Suspected decreased amniotic fluid levels or an amniotic fluid index less than 5 centimeters in four quadrants or less than 2 centimeters in largest vertical pocket on ultrasound;
- (35) Maternal or fetal skeletal abnormalities that would interfere with the birth process;
- (36) Loss of greater than ten percent birth weight in infant;
- (37) Abnormal newborn screening; or
- (38) Primary or secondary outbreak of genital herpes during prenatal care.

Physician Consultation Recommended

In accord with 20:86:03:03, a licensed CPM must recommend a consultation with a physician for a client with a history of any of the following disorders, diagnoses, conditions or symptoms:

- (1) Previous cesarean section;
- (2) Previous complicated pregnancy;
- (3) Previous pregnancy loss in second or third trimester;
- (4) Previous spontaneous premature labor;
- (5) Previous preterm rupture of membranes;
- (6) Previous preeclampsia;
- (7) Previous hypertensive disease of pregnancy;
- (8) Prior infection with parvo virus, toxoplasmosis, cytomegalovirus or herpes simplex virus;
- (9) Previous newborn group B streptococcus infection;
- (10) A body mass index at the time of conception of 40 or greater with comorbidity or 45 or greater with no comorbidity;
- (11) Underlying family genetic disorders with potential for transmission;
- (12) Psychiatric illness; or
- (13) Maternal age under 16 years or over 42 years.

Maternal transport required

In accord with 20:86:03:04, a licensed CPM shall facilitate the immediate transport of a client to a hospital for emergency care if the client has any of the following disorders, diagnosis, conditions or symptoms:

- (1) Infection during labor or immediately postpartum where maternal temperature is above 100.8 degrees Fahrenheit for two consecutive readings in one hour and one or more of the following are present:
 - (a) foul smelling amniotic fluid;
 - (b) shaking;
 - (c) chills; or
 - (d) elevated pulse;
- (2) Suggestion of fetal jeopardy, such as any abnormal bleeding (with or without abdominal pain), evidence of placental abruption, thick meconium, or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent;
- (3) Inability to obtain fetal heart tones after 20 weeks gestation or anytime later in pregnancy;
- (4) Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless birth is imminent;
- (5) Second stage labor after three hours without adequate progress, and third stage labor after one hour without adequate progress;
- (6) Current spontaneous preterm labor;
- (7) Current preterm premature rupture of membranes;
- (8) Signs of pre-eclampsia or eclampsia;
- (9) Current hypertensive disease of pregnancy;
- (10) Continuous uncontrolled bleeding;
- (11) Suspected placenta accreta;
- (12) Hemorrhage not responsive to treatment;
- (13) Unresolved maternal shock;
- (14) Cord prolapse;
- (15) Active herpes during labor;
- (16) Transverse in labor;
- (17) Excessive antepartum and intrapartum painless vaginal bleeding;

Maternal transport required, cont.

- (18) Cardiac arrest;
- (19) Delivery injuries to the bladder or bowel including third and fourth degree lacerations;
- (20) Seizures;
- (21) Uncontrolled vomiting;
- (22) Coughing or vomiting of blood;
- (23) Severe chest pain or cardiac irregularities;
- (24) Apnea;
- (25) Persistent uterine atony;
- (26) Uterine inversion;
- (27) Indications of infection in the immediate postpartum;
- (28) Tremors, hyperactivity, or seizures;
- (29) Declining oxygen stats or tachypnea unable to be resolved; or
- (30) Client desires transport for herself or her newborn.

Newborn transport required

In accord with 20:86:03:05, a licensed CPM shall facilitate immediate transport of a newborn to the nearest hospital or pediatric care provider if the newborn has any of the following:

- (1) Apgar score of 6 or less at 10 minutes of age and not improving;
- (2) Significant medical anomaly requiring immediate medical attention;
- (3) Birth weight of less than 5 pounds;
- (4) Tremors, hyperactivity, or seizures;
- (5) Abnormal color in newborn, persistent central cyanosis;
- (6) Unresolved abnormal cry in newborn;
- (7) Obvious or suspected birth injury;
- (8) Newborn cannot maintain body temperature;
- (9) Inability of newborn to feed well due to lethargy;
- (10) Newborn temperature of 100.8 or higher in two consecutive readings ten minutes apart;
- (11) Signs of respiratory distress including respiratory rate over 80 breaths per minute, poor color, grunting, nasal flaring or retractions unable to be resolved with usual interventions within one hour postpartum;
- (12) Need for oxygen for more than 20 minutes, or after one hour following the birth;
- (13) Fontanel full and bulging;
- (14) Cardiac irregularities including heart rate that is consistently below 80 beats per minute or greater than 160 beats per minute and poor capillary refilling greater than three seconds;
- (15) Jaundice at less than 24 hours; or
- (16) Client desires transport for newborn.

Appendix B

Scope of Care and Services Provided by Licensed CPMs

Based on the *Core Competencies for Basic Midwifery Practice* Adopted by the Midwives Alliance of North America

Care During Pregnancy

The midwife provides care, support and information to women throughout pregnancy and determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. identification, evaluation and support of mother and baby well-being throughout the process of pregnancy;
- B. education and counseling during the childbearing cycle;
- C. identification of pre-existing conditions and preventive or supportive measures to enhance client well-being during pregnancy;
- D. nutritional requirements of pregnant women and methods of nutritional assessment and counseling;
- E. emotional, psychosocial and sexual variations that may occur during pregnancy;
- F. environmental and occupational hazards for pregnant women;
- G. methods of diagnosing pregnancy;
- H. the growth and development of the unborn baby;
- I. genetic factors that may indicate the need for counseling, testing or referral;
- J. indications for and risks and benefits of biotechnical screening methods and diagnostic tests used during pregnancy;
- K. anatomy, physiology and evaluation of the soft and bony structures of the pelvis;
- L. palpation skills for evaluation of the baby and the uterus;
- M. the causes, assessment and treatment of the common discomforts of pregnancy;
- N. identification, implications and appropriate treatment of various infections, disease conditions and other problems that may affect pregnancy;
- O. management and care of the Rh-negative woman;
- P. counseling to the woman and her family to plan for a safe, appropriate place for birth.

Care During Labor, Birth and Immediately Thereafter

The midwife provides care, support and information to women throughout labor, birth and the hours immediately thereafter. The midwife determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. the processes of labor and birth;
- B. parameters and methods, including relevant health history, for evaluating the well-being of mother and baby during labor, birth and immediately thereafter;
- C. assessment of the birthing environment to assure that it is clean, safe and supportive and that appropriate equipment and supplies are on hand;
- D. maternal emotional responses and their impact during labor, birth and immediately thereafter;
- E. comfort and support measures during labor, birth and immediately thereafter;
- F. fetal and maternal anatomy and their interrelationship as relevant to assessing the baby's position and the progress of labor;
- G. techniques to assist and support the spontaneous vaginal birth of the baby and placenta;
- H. fluid and nutritional requirements during labor, birth and immediately thereafter;

Care During Labor and Immediately Thereafter, cont.

- I. maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter;
- J. treatment for variations that can occur during the course of labor, birth and immediately thereafter, including prevention and treatment of maternal hemorrhage;
- K. emergency measures and transport for critical problems arising during labor, birth or immediately thereafter;
- L. appropriate support for the newborn's natural physiologic transition during the first minutes and hours following birth, including practices to enhance mother–baby attachment and family bonding;
- M. current biotechnical interventions and technologies that may be commonly used in a medical setting;
- N. care and repair of the perineum and surrounding tissues;
- O. third-stage management, including assessment of the placenta, membranes and umbilical cord;
- P. breastfeeding and lactation;
- Q. identification of pre-existing conditions and implementation of preventive or supportive measures to enhance client well-being during labor, birth, the immediate postpartum and breastfeeding.

Postpartum Care

The midwife provides care, support and information to women throughout the postpartum period and determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. anatomy and physiology of the mother;
- B. lactation support and appropriate breast care including treatments for problems with nursing
- C. support of maternal well-being and mother–baby attachment;
- D. treatment for maternal discomforts;
- E. emotional, psychosocial, mental and sexual variations;
- F. maternal nutritional needs during the postpartum period and lactation;
- G. current treatments for problems such as postpartum depression and mental illness;
- H. grief counseling and support when necessary;
- I. family-planning methods, as the individual woman desires.

Newborn Care

The midwife provides care to the newborn during the postpartum period, as well as support and information to parents regarding newborn care and informed decision making, and determines the need for consultation, referral or transfer of care as appropriate. The midwife's assessment, care and shared information include but are not limited to:

- A. anatomy, physiology and support of the newborn's adjustment during the first days and weeks of life;
- B. newborn wellness, including relevant historical data and gestational age;
- C. nutritional needs of the newborn;
- D. benefits of breastfeeding and lactation support;
- E. laws and regulations regarding prophylactic biotechnical treatments and screening tests commonly used during the neonatal period;
- F. neonatal problems and abnormalities, including referral as appropriate;
- G. newborn growth, development, behavior, nutrition, feeding and care;
- H. immunizations, circumcision and safety needs of the newborn.